



San Bernardino County Women's Network Mentoring Program  
**2006/2007 Protégé Application**

Please type or print clearly. Complete all sections. Deadline for submission is August 15, 2006

---

**Personal Information**

Name: \_\_\_\_\_ Work Number: \_\_\_\_\_

Department: \_\_\_\_\_ Mail Code: \_\_\_\_\_

Work Address: \_\_\_\_\_

Current Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you presently a member of the County Women's Network?  Yes  No

Are you a regular status employee?  Yes  No

*(You must be a CWN member and a regular status employee of the County be considered for the Mentoring Program.)*

---

**Employment History**

<u>Employer</u>	<u>Title</u>	<u>Period of Service</u>
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

---

**Education Background**

Please indicate highest level completed.

- High School  College or Trade School Degree  Some College or Trade School  
 Graduate Degree or higher  Some Post-Graduate Work

---

**Statement of Interest/Commitment**

Explain why you want to participate in the Mentoring Program and how you expect to benefit from it. Attach additional sheet if necessary.

**Areas of Interest/Need** (Please check three (3) areas that represent the highest priority in your mentoring needs)

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Budget/Fiscal        | <input type="checkbox"/> Organizational Skills | <input type="checkbox"/> Supervisory Skill  | <input type="checkbox"/> Setting Priorities           |
| <input type="checkbox"/> Defining Goals       | <input type="checkbox"/> Management Techniques | <input type="checkbox"/> Career Planning    | <input type="checkbox"/> Ethics/Integrity Maintenance |
| <input type="checkbox"/> Office Politics      | <input type="checkbox"/> County Structure      | <input type="checkbox"/> Goal Setting       | <input type="checkbox"/> Writing Procedures           |
| <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Negotiations          | <input type="checkbox"/> Project Management | <input type="checkbox"/> Coping with Glass Ceiling    |
| <input type="checkbox"/> Interview Skills     | <input type="checkbox"/> Leadership            | <input type="checkbox"/> Other _____        |   |

If available, is there a specific employee classification that you would like for a mentor?

\_\_\_\_\_

---

**Commitment**

My signature below acknowledges that, if selected for the County Women's Network Mentoring Program, I agree to make the personal commitment necessary to prepare for and attend all program meetings and to participate fully in all parts of the program. I further acknowledge that the benefit that I gain from this program will be directly impacted by the amount of effort and time that I put in to it.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

---

**THIS SECTION TO BE COMPLETED BY YOUR SUPERVISOR**

The Mentoring Program is a 10-month program that requires the participants' (Protégés' AND Mentors') attendance at least twice monthly for extended lunchtime meetings (1.5 hrs). In addition to these meetings, the Mentoring Program approximately nine "global" meetings that range from 2 to 6 hrs each in length, spread throughout the Program year. The CWN Mentoring Program delivers a tangible value to all of its participants through the establishment of networking contacts, visibility to top management and government officials in the County, and behind-the-scenes information on the County organizational structure. Although the participants may be required to complete additional work outside of the meetings, they are encouraged to do their assignments at home.

Your signature below indicates your recognition of the significant scheduling commitment required and acknowledges the importance of supporting the protégé in following through with the program, if accepted.

Applicant is an employee in good standing:  Yes  No

Applicant has attained regular status in current classification:  Yes  No

Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

---

**Please see attached SAMPLE of a CWN Mentoring Program Year.**

***Return via interoffice mail by August 15, 2006 to:  
Jessie Burr (Ontario – PERC) or Jane Adams (0640 – DAAS)***

**CWNMP USE ONLY**

Date Rec'd \_\_\_\_\_

Applicant # \_\_\_\_\_



# CWN MENTORING PROGRAM

**SAMPLE ONLY** from 2005/2006 Program Year!

## *Program Calendar*

- September 14, 2005      Kick-Off and Orientation  
*Diana Alexander & Jeannie Adair*  
11:00 pm – 1:00 pm (Lunch Provided)  
County Government Center, Citrus Room
- October 25, 2005      County Overview & BOS Meeting  
*Dena Smith*  
8:00 – 10:30 am  
County Government Center, Citrus Room
- November 29, 2005      Career Assessment & Goal Setting  
*Peggy Dillaman*  
10:00 am – 1:30 pm [Lunch Provided]  
PERC – Room 206
- January 24, 2005      Interviewing Skills  
*Linda Fabre*  
11:30 am – 1:00 pm [BYO Lunch]  
PERC – Room 206
- February 21, 2006      Temperament Assessment  
11:30 am – 2:00 pm [BYO Lunch]  
*Dr. Robert Cruise*  
National University
- March 28, 2005      County Budget  
11:30 am – 2:00 pm [BYO Lunch]  
*Valerie Clay*  
Government Center, Joshua Room
- April 25, 2006      Professional Image/County Career  
*Carolyn Tillman/Bridget Styers, Shelly Ward*  
11:30 – 2:30 pm [BYO Lunch]  
Old Hall of Records (3<sup>rd</sup> St), Assessor's Conference Room
- May 16, 2005      Leadership Forum  
*BOS, CAO, Supt of School, Presiding Judge, CEO*  
11:00 am – 1:00 pm [Lunch Provided]  
County Government Center, Citrus Room
- June 21, 2006      CWNMP GRADUATION  
At the monthly CWN Meeting  
11:30 am – 1:00 pm [Lunch Provided]  
Shandon Hills

Please schedule your circle meetings and send a draft to:  
Jessie Burr (Ontario - PERC) or Jane Adams (0640 - DAAS)